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Aerospace Medicine

RESPIRATORY PROTECTION PROGRAM

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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OPR: 460 MDS/SGPB
(Capt Shannon S. McDonald)

Certified by: 460 MDS/CC
(Lt Col Ronald H. Pearson)

Pages: 19

Distribution: F

This instruction implements Air Force Policy Directive (AFPD) 48-1, *Aerospace Medical Program*, 29 CFR 1910.134, *Respiratory Protection*, and Air Force Occupational Safety and Health (AFOSH) Standard (Std) 48-137, *Respiratory Protection Program*, at Buckley Air Force Base (AFB), collocated operating bases, ranges, tenants and geographically separated units supported by Buckley AFB. This instruction must be maintained by all organizations where respiratory protection is required or recommended. The purpose of this program is to ensure that all respirator users are medically qualified, fitted and trained to safely use respiratory protection. It applies to all military and Department of Defense (DoD) civilian personnel employed in areas where respirators are used. This instruction identifies minimum program requirements and requires each work area using respiratory protection to maintain a respiratory protection program binder. This instruction does not apply to contract personnel. This instruction does not apply to nuclear, biological and chemical (NBC) warfare situations including NBC exercises or tuberculosis. **Attachment 1** contains a glossary of references and supporting information. Maintain and dispose of records created as a result of prescribed processes in accordance with Air Force Manual (AFMAN) 37-139, *Records Disposition Schedule* (will convert to AFMAN 33-322, **Volume 4**). Comply with Air Force Instruction (AFI) 33-332, *Air Force Privacy Act Program*, for documents containing: "Privacy Act Information". For "Official Use Only" information comply with Department of Defense Regulation (DoD) 5400.7-R/AFSUP, *DoD Freedom of Information Act Program*, **Chapter 4**.

1. Responsibilities. General responsibilities for units involved in the respiratory protection program are found in AFOSH Std 48-137, *Respiratory Protection Program*. Specific responsibilities regarding implementation of the respiratory protection program at Buckley AFB are addressed below.

1.1. Unit Commanders.

1.1.1. Authorize expenditure of unit funds to purchase and maintain respiratory protection devices.

1.2. Bioenvironmental Engineering Services (460 MDS/SGPB).

- 1.2.1. Be the office of primary responsibility for the base respiratory protection program, and act as the base level authority on selection, limitations, use, fit testing and training and maintenance of all respiratory protection.
- 1.2.2. Routinely evaluate work area hazards to determine the need for respiratory protection based on employee exposures and select the appropriate respiratory protection.
- 1.2.3. Conduct annual visits in work areas where respiratory protection is used and evaluate the effectiveness of each work area's respiratory protection program.
- 1.2.4. Give guidance to supervisors, as necessary, in the preparation and implementation of work area respiratory protection programs, Respirator Use Operating Instructions (RUOIs) and annual training programs.
- 1.2.5. Review and approve work area RUOIs.
- 1.2.6. Ensure that all perspective respirator users are medically qualified to wear respiratory protection prior to performing fit testing and training.
- 1.2.7. Ensure fit testing is conducted and documented in accordance with (IAW) AFOSH Std 48-137, *Respiratory Protection Program*.
- 1.2.8. Issue the Fit Test Report to all qualified (medically cleared and properly fit tested) respirator users.
- 1.2.9. Provide the employee with information needed to order respiratory protection. Employers must purchase respiratory protection for employees.
- 1.2.10. Educate and train work area supervisors, employees and those individuals appointed to oversee the use, maintenance and care of common use or emergency escape respirators.
- 1.2.11. Resolve inconsistencies between technical orders (TOs) and this standard using official channels (AFTO Form 22, **Technical Manual (TM) Change Recommendation and Reply**).

1.3. Physical Exams Section.

- 1.3.1. Ensure that all respirator questionnaires are reviewed by a licensed health care provider.
- 1.3.2. Complete and return employee's medical clearance letter to 460 MDS/SGPB after a licensed health care provider has medically cleared the employee to wear respiratory protection.
- 1.3.3. Ensure original medical questionnaires are placed in employees' medical records.

1.4. Supervisors.

- 1.4.1. Establish a formal respiratory protection program within their work areas. This program will include as a minimum the following elements: (**Attachment 2** contains an example layout.)
 - 1.4.1.1. Work area specific RUOI covering the following issues: responsibilities, respirator selection, use and limitations, list of specific tasks requiring respiratory protection, training and fit testing, respirator care, inspection, and maintenance, medical surveillance, and program evaluation procedures. (An example of a work area specific RUOI is located in **Attachment 3** and necessary respirator inspection and maintenance instructions are in **Attachment 4**.)

1.4.1.2. Training and Fit Testing documentation.

1.4.1.3. 460 ABWI 48-137, *Respiratory Protection Program*.

1.4.1.4. AFOSH Std 48-137, *Respiratory Protection Program*.

1.4.2. Obtain SGPB approval before ordering respirator protection.

1.4.3. Ensure new employees complete a 460 ABW Form 3, **Respirator Questionnaire**, (**Attachment 5**) and forward to SGPB.

1.4.4. Ensure all employees wearing respiratory protection have been fit tested within the last 12 months. Contact the SGPB to schedule workers for annual fit testing and training. [**NOTE:** A new fit test must be accomplished when an employee experiences a change in physical condition that may affect how the respirator fits (i.e., weight change of more than 20 pounds, facial scarring, dental changes, cosmetic surgery, disfigurement, etc.)]. All fit testing and training must be documented on AF Form 55, **Employee Safety and Health Record**. (Reference paragraph **5.2**.)

1.4.5. Conduct work area specific respiratory protection training in accordance with their RUOI.

1.4.6. Monitor the use of respiratory protection on a routine and non-routine basis to ensure the correct respiratory protection is used as required, worn properly, and in good condition. Ensure employees on the respiratory protection program wear the respirator to which they were fit tested and trained (Reference the Fit Test Report printout for each employee, **Attachment 6**).

1.4.7. Contact SGPB for information and guidance regarding respiratory protection when work area operations change (i.e., new chemicals introduced, processes or procedures change, engineering controls modified or added).

1.4.8. Clearly train employees on the limitations of filtering face piece devices and document training on AF Form 55. (Reference paragraph **3.4.6**.)

1.5. **Employees Using Respiratory Protection.**

1.5.1. Be familiar with requirements in AFOSH Std 48-137, this standard, and their specific work area RUOI.

1.5.2. Use respiratory protection in strict accordance with their work area's specific RUOI and training.

1.5.3. Wear only those respirators for which they have received training and fit testing, and only during those tasks specified in work area's RUOI.

1.5.4. Inspect, clean and maintain all respiratory protection issued to them for their individual use, and guard against damage.

1.5.5. Do not mix respiratory protection parts from different manufacturers.

1.5.6. Ensure they are current on fit testing and training (within the last 12 months).

1.5.7. Notify supervisor if they experience a change in physical condition that may affect how the respirator fits (i.e., weight change of more than 20 pounds, facial scarring, dental changes, cosmetic surgery, disfigurement, etc.).

2. Respiratory Protection Assessment and Control.

2.1. Respiratory Protection Assessment.

2.1.1. SGPB is the base-level authority on respiratory protection and will conduct all aspects of the base-level program. SGPB will evaluate health hazards in all work areas to determine whether or not respiratory protection is required or recommended to control exposures to employees.

2.1.2. Work areas that are mandated to wear respiratory protection by technical order, operational guidance, or other regulation will notify SGPB of such directives and include an excerpt in their respiratory protection program.

2.1.3. If an employee believes their work environment is hazardous to their health, they may request an evaluation by SGPB.

2.2. **Respiratory Protection Control.** SGPB is the final approving authority for all respiratory protection used on Buckley AFB, collocated operating bases, ranges and geographically separated units supported by Buckley AFB. All respiratory protection, whether locally purchased, supply issued, purchased as part of a kit or received as a promotional item, must be approved by SGPB.

3. Respirator Selection, Use, Limitations and Restrictions.

3.1. **Selection** . SGPB researches and selects all respirators used on Buckley AFB, collocated operating bases, ranges and units supported by Buckley AFB. SGPB determines which type of respirator is needed in each work area. Respiratory protection selection is based on numerous factors, such as the operations, chemical hazards, required protection factors, etc. Filtering face piece devices are the only types of respiratory protection that may be worn at the discretion of employees (for comfort purposes) in an Air Force work area. Employees who choose to wear elective use filtering face piece devices must receive initial and update training from work area supervisors. (Reference paragraph 3.4.6.)

3.2. **Use.** Respiratory protection will only be used for the tasks listed in each work area specific RUOI.

3.3. **Limitations** . All respiratory protection, filters, and cartridges have limitations. All limitations will be addressed in each work area specific RUOI. Contact SGPB if there are questions on specific respiratory protection limitations.

3.4. Restrictions.

3.4.1. Employees will not perform tasks that require the use of respiratory protection unless they have been medically evaluated, trained and fit-tested.

3.4.2. The only types of respiratory protection permitted for employees with facial hair (any hair on the face which interferes with a normal respirator-to-skin seal, such as beards, sideburns, mustaches, goatees, stubble) are supplied air-positive pressure respirators or powered air-purifying respirators. These respirators will have a hood or shroud, be operated in the continuous flow mode and will not have a tight-fitting face piece or incorporate an anti-aspiration device which contacts the face or neck. Unit commanders, directors or functional managers will decide if unique respiratory protection will be purchased for bearded employees.

3.4.3. Respirators will not be shared unless approved by SGPB and identified in the work area specific RUOI.

3.4.4. Surgical masks are not respirators and not authorized for occupational exposures outside of a medical setting.

3.4.5. Privately procured respirators will not be worn by Air Force employees at Buckley AFB, collocated operating bases, ranges, and units supported by Buckley AFB.

3.4.6. Disposable respirators or filtering face piece devices (respiratory protection that has a face piece made entirely of filtering or absorbing material) will not be worn when respiratory protection is required or recommended. If an employee chooses to wear a disposable respirator strictly for comfort purposes, the work area supervisor must ensure that employee receives all training identified in AFOSH Std 48-137, paragraph 3.5., and documents that training on that employee's AF Form 55. (**Attachment 7** contains the necessary training requirements.)

4. Medical Surveillance.

4.1. All employees required to wear respiratory protection will be placed on the base Respiratory Protection Program and will be medically monitored in accordance with all Air Force and OSHA regulations.

4.2. A 460 ABW Form 3, **Respiratory Questionnaire**, will be used by a licensed healthcare provider to medically evaluate and clear employees for respiratory protection. The licensed health care provider will medically certify employees fit for respiratory protection annually during the employee's occupational health examination.

4.3. The Aeromedical Council, through the Occupational Health Working Group, will review workplace exposure data to determine routine occupational health examination requirements for employees. Any medical examination, to include respiratory protection examinations required, will be identified on an AF Form 2766, **Clinical Occupational Health Examination Requirements**, and accomplished annually.

5. Documentation.

5.1. **460 ABW Form 3, Respirator Questionnaire**. This questionnaire, in accordance with 29 Code of Federal Regulations (CFR) 1910.134, *Respiratory Protection*, is used to document the respirator user's medical evaluation. Completed questionnaires are filed in the employees' medical records.

5.2. **AF Form 55, Employee Safety and Health Record**. An AF Form 55, or equivalent [i.e., Core Automated Maintenance System (CAMS)], must be completed for each respirator user in a work area.

5.2.1. Block IV is used to document fit testing and training conducted by 460 MDS/SGPB.

5.2.2. Block V is used to document work area specific respiratory protection program training. This block is also used to document filtering face piece device training. Supervisors must ensure employees know how and when to wear respiratory protection.

5.3. **AF Form 2766, Clinical Occupational Health Examination Requirements**. Used to identify occupational health examination requirements for employees.

5.4. **Fit Test Report**. Used to certify SGPB respiratory protection training and fit testing. This print-out is provided by 460 MDS/SGPB and should be filed in work area respiratory protection program. Respiratory protection training and fit testing must be accomplished annually.

6. Respirator Training and Fit Testing Procedures.

6.1. For new employees assigned to a work area requiring the use of respiratory protection, the work area supervisor must contact SGPB to enroll employee in the base Respiratory Protection Program, and successfully accomplish all requirements in paragraphs **6.1.1.** and **6.1.2.**

6.1.1. The new employee must complete the 460 ABW Form 3, **Respirator Questionnaire**, in ink, and forward to SGPB. SGPB will forward the questionnaire onto the Physical Exams for a licensed health care provider to review. (The licensed health care provider may request an interview or physical during the medical clearance process.)

6.1.2. Once the licensed health care provider has medically cleared the new employee for respiratory protection, the work area supervisor must contact SGPB to schedule respirator fit testing and training.

6.2. For employees who are already enrolled in the base Respiratory Protection Program, and have completed the initial 460 ABW Form 3, **Respirator Questionnaire**, SGPB will schedule annual training and fit testing. (All employees will be annually cleared for respiratory protection during their annual occupational health examinations.)

6.2.1. Prior to fit testing, employees will be clean-shaven.

6.2.2. Prior to fit testing, employees will be smoke free for at least 45 minutes. (Smoking prior to the fit test will alter the results.)

6.3. Once employees have been trained and successfully fit tested, work area supervisor will conduct work area specific respirator training. Work area supervisors will document fit test and all training (in pencil) on AF Form 55, as directed in this instruction. Work area supervisors will file the Fit Test Report for all employees wearing respiratory protection in the work area respiratory protection program.

6.4. **Form Prescribed.** 460 ABW Form 3, **Respirator Questionnaire.**

JAMES A. SANDS, Colonel, USAF
Commander

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

OSHA 29 Code of Federal Regulations 1910.134, *Respiratory Protection*

AFPD 48-1, *Aerospace Medical Program*

AFOOSH Std 48-137, *Respiratory Protection Program*

Abbreviations and Acronyms

AFOOSH Std—Air Force Occupational Safety and Health Standard

BES—Bioenvironmental Engineering Services

OSHA—Occupational Safety and Health Administration

PPM—Parts Per Million (unit of measure – volume)

RUOI—Respirator Use Operating Instruction

SGPB—Bioenvironmental Engineering Services

Terms

Filtering Face Piece Devices—Protective device, made completely of cloth (dust mask). FFPD are not considered respirators.

Fit Test—A mechanical test conducted on employees to determine if the respirator provides adequate protection. BES uses a quantitative fit test technique using a port-a-count instrument.

Licensed Health Care Provider—In this instruction, this term refers to the doctors or physicians at the 460th Medical Squadron.

Occupational Health Examination—This is a routine annual examination for all employees working in the various industrial areas on Buckley AFB.

Physical Exams Section—Component of the 460th Medical Squadron charged with administering the occupational health program at Buckley AFB.

Attachment 2

RESPIRATORY PROTECTION PROGRAM ELEMENTS

A2.1. Tab A: Work Area Specific Respiratory Use Operating Instruction. Each work area in which respiratory protection is used shall develop a work area specific RUOI that must be approved by SGPB. The OI should include:

A2.1.1. Responsibilities: While responsibilities are outlined in AFOSH Standard 48-137 and the base instruction, additional work area specific responsibilities regarding implementation of the base respiratory protection program should be addressed.

A2.1.2. Selection, Use and Limitations. Identify the:

A2.1.2.1. Type of respiratory protection needed for each process/task that requires respiratory protection.

A2.1.2.2. Type of respirator filters/cartridges to be used, with change out schedules.

A2.1.2.3. Authorized respirator/respirator cartridge combinations.

A2.1.3. List of Specific Tasks Requiring Respirator Use.

A2.1.4. Training. The shop supervisor will detail how training will be accomplished in the work area. Consideration should be given to topics such as: training schedule, record keeping requirements of initial and annual refresher training, training of emergency response and rescue teams, and any other unique work area requirements. Topics should include:

A2.1.4.1. The situations or processes/tasks for which respiratory protection is required or recommended.

A2.1.4.2. Respirator inspection, cleaning, storage and maintenance procedures.

A2.1.4.3. The criteria which employees use to determine when respirator filters/cartridges must be changed.

A2.1.4.4. Location of information concerning the shop respiratory protection program is kept.

A2.1.5. Fit Testing. Work area fit-testing requirements and scheduling procedures should be included here.

A2.1.6. Care, Inspection and Maintenance of Respirators.

A2.1.7. Medical Surveillance. Work area requirements may be added as needed in addition to the requirements of standards.

A2.1.8. Administrative Procedures. Work area administrative requirements regarding the purchase, control, or issuance of respirators should be addressed in this section.

A2.1.9. Procedures for Program Evaluation. Time frames may be established. Any work area self-inspection or review of OIs should be included in this section. Other administrative requirements may be included here.

A2.2. Tab B: Training Documentation. Copies of all Certificate of Respirator Fit Tests and AF Form 55s or a cross-reference sheet showing where they can be found will be maintained in this tab.

A2.3. Tab C: 460 ABW 48-137, Respiratory Protection Program.

A2.4. Tab D: AFOSH Standard 48-137, Respiratory Protection Program.

Attachment 3**SAMPLE - WORK AREA SPECIFIC RESPIRATORY USE OPERATING INSTRUCTION****Shop Name**

WORK AREA SPECIFIC RESPIRATORY USE

COMPLIANCE WITH THIS INSTRUCTION IS MANDATORY

OPR: 460 MDS/SGP (SSgt John Q. Doe)

Certified By: 460 MDS/SGPB (Capt Jane E. Smith)

Supersedes: None

Pages: 3

Distribution: F

This Operating Instruction (OI) establishes guidance and procedures for implementing proper respirator use, maintenance and training requirements. Reference directives include 29 CFR 1910.134, *Respiratory Protection*, AFOSH Standard 48-137, *Respiratory Protection Program*, and *Respiratory Protection Program*. This OI applies to **SHOP NAME**. Maintain and dispose of records created as a result of prescribed processes in accordance with Air Force Manual (AFMAN) 37-139, *Records Disposition Schedule* (will convert to AFMAN 33-322, **Volume 4**). Comply with Air Force Instruction (AFI) 33-332, *Air Force Privacy Act Program*, for documents containing: "Privacy Act Information". For "Official Use Only" information comply with Department of Defense Regulation (DoD) 5400.7-R/AFSUP, *DoD Freedom of Information Act Program*, **Chapter 4**.

This is a new publication.

1. This operating instruction (OI) contains information and guidance for proper respirator use, maintenance and training requirements. Reference directives include 29 CFR 1910.134, *Respiratory Protection*, AFOSH Standard 48-137, *Respiratory Protection Program*, and *Respiratory Protection Program*.
2. The work area supervisor is responsible for ensuring that only properly qualified employees use respirators in this work area, and that subordinates comply with all facets of the directives listed in Paragraph 1. This OI implements these directives for **SHOP NAME**.
3. All respirators used by this shop were approved by BES. BES approved these respirators on the basis of the hazards associated with the shop's processes/tasks. BES is the OPR for the respiratory protection program at Buckley AFB.

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Table 3.1. The respirators approved for use in *SHOP NAME* are:

Process/Task (<i>Name of Operation</i>)	Respirator Type (<i>Description</i>)	Manufacturer/ TC Number	Limitations/ Changeout Schedule	Required/ Recommended
Spray Painting	Full face Supplied Air	MSA		

5. Training.

5.1. Newly arrived employees must receive initial training and fit testing from BES prior to performing any shop functions that require the use of respiratory protection. The supervisor will schedule each newcomer for the first available class from BES, and ensure the newcomer completes initial medical screening at least 2 weeks prior to the training appointment. When initial training is complete, the shop supervisor will file the employees AF Form 2772, **Certificate of Respirator Fit Test**, or equivalent in the respiratory protection program, and document all training on the AF Form 55.

5.2. All members of this work area will receive annual refresher training as required.

5.3. All members of this shop will review the contents of this OI annually. This review will be documented on the AF Form 55.

6. Use.

6.1. Each respirator wearer will inspect his/her respirator in a clean atmosphere before each use and after each cleaning. Detailed instructions for completing inspection are provided in Attachment 4.

6.2. Shop employees will only utilize those respirators for which BES has certified them. Certified respirators are listed on each employee's AF Form 2772 or equivalent.

6.3. Shop personnel will use respirators only for those operations specified by BES, and listed in this OI.

6.4. Do not chew tobacco or gum while wearing respiratory protection.

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6.5. Employees required to wear tight fitting respirators may not have facial hair, beards, mustaches or sideburns that will interfere with the face-piece to face seal of the respirator.

6.6. Employees will perform both positive and negative pressure tests of their tight fitting respirator(s) in a clean environment, before entering the work area. If a leak is detected, perform another inspection, refit the respirator and perform additional leak tests. If the source of the leak is not discovered and repaired, notify *SHOP SUPERVIOR'S NAME* and do not wear respirator.

7. Emergencies. Employees will evacuate the work area immediately if:

7.1. Any part of the respirator becomes damaged.

7.2. Airflow into the face piece decreases or stops.

7.3. Breathing becomes difficult.

7.4. Dizziness or other distress occurs.

7.5. Individuals smell or taste contaminants, or experience irritation of the eyes, nose, throat or facial skin.

7.6. Doff the respirator only after reaching a clean area. Inform *SHOP SUPERVIOR* of any problems experienced by employees while wearing respiratory protection.

8. Cleaning. Attachment 2 contains cleaning and storage instructions. Post these instructions in your respirator cleaning area.

8.1. Respirators will be cleaned after each day's use.

8.2. Personnel will not use isopropyl alcohol wipes to clean respirators.

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9. Storage. Respirator face pieces will be stored in sealable plastic bags and placed in a natural position that will not distort the respirator. Respirator storage is located *STORAGE LOCATION*.

10. Repairs and Replacement. Only experienced personnel will perform repairs or replacement of respirator parts. **ONLY MANUFACTURER'S PARTS DESIGNED FOR EACH INDIVIDUAL RESPIRATOR MODEL WILL BE USED.**

11. This OI should be encased in a plastic document protector and kept in the respiratory protection program binder. This binder will be kept as close to the respirator storage area as possible, and will be available to all employees during their work shift(s).

12. Address any questions regarding respiratory protection to *SHOP SUPERVISOR* or BE at DSN: 877-6351 or COMM: (303) 677-6351.

SHANNON S. MCDONALD, Capt, USAF, BSC
Chief, Bioenvironmental Engineering Section

*SHOP SUPERVISOR'S
SIGNATURE BLOCK*

*SQUADRON COMMANDER
SIGNATURE BLOCK*

Attachment:

460 ABWI 48-137, Respiratory Protection Program, Attachment 4, Respiratory Inspection and Maintenance Instructions

Attachment 4

RESPIRATORY INSPECTION AND MAINTENANCE INSTRUCTIONS

(The following procedures are recommended for the proper maintenance of respirators.)

A4.1. Inspection/Maintenance. Inspection of respirators is required before and after use (OSHA requires). OSHA Standards requires that respirator inspections include:

A4.1.1. Field Inspection of Respirators.

A4.1.1.1. Examine the face piece for:

A4.1.1.1.1. Excessive dirt.

A4.1.1.1.2. Cracks, tears, holes, or distortion from improper storage.

A4.1.1.1.3. Inflexibility.

A4.1.1.1.4. Cracked or badly scratched lenses.

A4.1.1.1.5. Incorrectly mounted full-face piece lens or broken/missing mounting.

A4.1.1.2. Examine head straps or head harness for:

A4.1.1.2.1. Breaks.

A4.1.1.2.2. Loss of elasticity.

A4.1.1.2.3. Broken or malfunctioning buckles and attachments.

A4.1.1.2.4. Excessively worn serration on the head harness which might permit slippage (full face piece only).

A4.1.1.3. Remove the exhalation valve cover and examine the exhalation valve for:

A4.1.1.3.1. Foreign material, such as detergent residue, dust particles or human hair under the valve seat.

A4.1.1.3.2. Cracks, tears, or distortion in the valve material.

A4.1.1.3.3. Improper insertion of the valve body in the face piece.

A4.1.1.3.4. Cracks, breaks or chips in the valve body, particularly in the sealing surface.

A4.1.1.3.5. Missing or defective valve cover.

A4.1.1.3.6. Improper installation of the valve in the valve body.

A4.1.1.4. Examine the filters, canisters, and/or cartridges. These should be changed if:

A4.1.1.4.1. Worker detects an increase in breathing resistance.

A4.1.1.4.2. Worker smells or tastes the contaminant, or detects the irritant properties of the contaminant.

A4.1.1.4.3. The end of service is triggered.

A4.1.1.4.4. Required by applicable substance-specific OSHA standards (for instance, formaldehyde).

A4.1.1.4.5. Directed by BES.

A4.1.1.5. Inspect valves, head straps, and other parts; replace defective parts with new ones.

A4.1.1.6. Inspect new filters, cartridges, or canisters periodically as specified by the manufacturer. Make sure the seal is tight.

A4.2. Cleaning and disinfecting: Hypochlorite and iodine solutions or iodine compounds can damage respirator parts by aging rubber and corroding metal parts if immersion times are extended. Quaternary ammonium compounds can cause dermatitis if not completely rinsed from the respirator. Solvents except as prescribed in paragraph.

A4.2.1. The following procedure is recommended for cleaning and disinfecting respirators:

A4.2.1.1. Remove any filters, cartridges, or canisters.

A4.2.1.2. Wash face piece and breathing tube in a cleaner-disinfectant solution. Use a soft brush to facilitate dirt removal.

A4.2.1.3. Use commercially prepared cleaner-disinfectant solutions (follow manufacturer's instructions) or wash respirators in a liquid detergent solution, then dip in one of the following disinfectant solutions:

A4.2.1.3.1. Hypochlorite solution, 50 parts per million (ppm) chlorine, for 2 minutes.

A4.2.1.3.2. Aqueous iodine solution (50 ppm) for 2 minutes.

A4.2.1.3.3. Quaternary ammonium solution (200 ppm of quaternary ammonium compounds in water with less than 500 ppm total hardness) for 2 minutes.

A4.2.1.4. Rinse completely in clean, warm water that is less than or equal to 120° F.

A4.2.1.5. Air-dry in clean area.

A4.2.1.6. Clean other respirator parts as recommended by manufacturer.

A4.2.2. Respirators contaminated with organic phosphate pesticides should be decontaminated as follows:

A4.2.2.1. If contamination is light, normal cleaning procedures should provide satisfactory decontamination.

A4.2.2.2. An alkaline soap wash and 50 percent isopropyl or ethyl alcohol rinse, followed by normal cleaning procedures should remove organic phosphate pesticides.

A4.3. Storage.

A4.3.1. Place in plastic bag or other closed container for storage.

A4.3.2. Do not store in contaminated area.

A4.3.3. Do not store in direct sun light.

Attachment 5

SAMPLE RESPIRATOR QUESTIONNAIRE

RESPIRATOR QUESTIONNAIRE																																																																																																																																																																																																							
<i>(For Official Use Only When Filled In)</i>																																																																																																																																																																																																							
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<p>In accordance with 29 Code of Federal Regulations 1910.137, Respiratory Protection, the following information is required to adequately access your physical ability to wear respiratory protection. This form will be filed in your medical records and will not be disclosed outside DoD. Disclosure of Information is Mandatory. If you choose not to disclose this information, you will not be authorized to wear respiratory protection on Buckley AFB.</p>																																																																																																																																																																																																							
<p>Can you read English? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>																																																																																																																																																																																																							
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<p>Have you ever been informed how to contact the physician who will review this questionnaire (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>																																																																																																																																																																																																							
<p>Check the type of respirator you will use (you can check more than one category):</p>																																																																																																																																																																																																							
<p><input checked="" type="checkbox"/> N, R, or P disposable respirator (filter-mask, non-cartridge type only.)</p>																																																																																																																																																																																																							
<p><input checked="" type="checkbox"/> Other type (for example, half- or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus).</p>																																																																																																																																																																																																							
<p>Have you worn a respirator (check one): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", what type(s): _____</p>																																																																																																																																																																																																							
<p>Please read the following statements and mark statement that applies. Any questions checked "yes" should be followed by a short explanation on the back of this form to include whether the problem is still ongoing:</p>																																																																																																																																																																																																							
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k. Wheezing	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
l. Wheezing that interferes with your job	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
m. Chest pain when you breathe deeply	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
n. Any other symptoms that you think may be related to lung problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
	Y	N																																																																																																																																																																																																					
5. Have you ever had any of the following cardiovascular or heart problems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
a. Heart attack	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
b. Angina	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
c. Heart failure	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
d. Swelling in your legs or feet (not clearly by walking)	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
e. Heart arrhythmia (heart beating irregularly)	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
f. High blood pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
g. Any other heart problem that you've been told about	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
h. Stroke	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
6. Have you ever had any of the following cardiovascular or heart symptoms?	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
a. Frequent pain or tightness in your chest	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
b. Pain or tightness in your chest during physical activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
c. Pain or tightness in your chest that interferes with your job	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
d. In the past two years, have you noticed your heart skipping or missing a beat	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
e. Heartburn or indigestion that is not related to eating	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
f. Any other symptoms that you think may be related to heart or circulation problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
7. Do you currently take medication for any of the following?	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
a. Breathing or lung problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
b. Heart Trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
c. Blood Pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
d. Seizures (fits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
8. Has wearing a respirator caused any of the following problems: (If you have never used a respirator check this space <input checked="" type="checkbox"/> and go to question 9.)	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
a. Eye irritation	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
b. Skin allergies or rashes	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
c. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
d. General weakness or fatigue	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
e. Any other problem that interferes with your use of a respirator	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																					
<p>NAME & RANK: <u>SSgt John Doe</u></p>																																																																																																																																																																																																							
<p>SSAN: <u>123-45-6789</u></p>																																																																																																																																																																																																							
<p>ORGANIZATION: <u>140 LG</u></p>																																																																																																																																																																																																							
<p>SHOP NAME: <u>Corrosion Control</u></p>																																																																																																																																																																																																							
<p>SIGNATURE: <u>John Doe</u></p>																																																																																																																																																																																																							

9. Would you like to talk to the Physician who will receive this questionnaire about your answers to this questionnaire?		Y N	<input checked="" type="checkbox"/>
Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-face respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions are voluntary.			
10. Have you ever lost vision in either eye? (Temporary or Permanently)	Y N	<input checked="" type="checkbox"/>	
11. Do you currently have any of the following vision problems?	Y N	<input checked="" type="checkbox"/>	
a. Wear Glasses		<input checked="" type="checkbox"/>	
b. Wear Contact Lenses		<input checked="" type="checkbox"/>	
c. Color Blind		<input checked="" type="checkbox"/>	
d. Any other eye or vision problem		<input checked="" type="checkbox"/>	
12. Have you ever had an injury to your ears, including a broken eardrum?	Y N	<input checked="" type="checkbox"/>	
13. Do you currently have any of the following hearing problems?	Y N	<input checked="" type="checkbox"/>	
a. Difficulty Hearing		<input checked="" type="checkbox"/>	
b. Wear a hearing aid		<input checked="" type="checkbox"/>	
c. Any other hearing or ear problem		<input checked="" type="checkbox"/>	
14. Have you ever had a back injury?	Y N	<input checked="" type="checkbox"/>	
15. Do you currently have any of the following musculoskeletal problems?	Y N	<input checked="" type="checkbox"/>	
a. Weakness in any of your arms, hands, legs or feet		<input checked="" type="checkbox"/>	
b. Back pain		<input checked="" type="checkbox"/>	
c. Difficulty fully moving your arms and legs		<input checked="" type="checkbox"/>	
d. Pain or stiffness when you lean forward or backward at the waist		<input checked="" type="checkbox"/>	
e. Difficulty fully moving your head up and down		<input checked="" type="checkbox"/>	
f. Difficulty fully moving your head side to side		<input checked="" type="checkbox"/>	
g. Difficulty bending at your knees		<input checked="" type="checkbox"/>	
h. Difficulty squatting to the ground		<input checked="" type="checkbox"/>	
i. Climbing a flight of stairs or a ladder carrying more than 25 pounds		<input checked="" type="checkbox"/>	
j. Any other muscle or skeletal problem that interferes with using a respirator		<input checked="" type="checkbox"/>	
16. Type and weight of respirator to be used:		Half-face Survivair, 11b SCBA, 25 lbs	
17. Duration and frequency of use:		Half-face: 2 times per week for 15 minutes SCBA: 1 time per month for 25 minutes	
18. The work I will perform while wearing the respirator is (check one):		Light <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Heavy <input type="checkbox"/>	
19. List other protective clothing to be worn during the work process:		Level A suit goggles	
20. What temperature and humidity extremes will be required to work in while wearing respiratory protections?		temperature in suit x outside temperature	
****MEDICAL USE ONLY****			
Physician Comments: Member is cleared to wear respirator			
			 Physician Signature

460 ABW FORM 3, 20030601 (EF-V1) (FormFlow) 2.15)

NOTE: Please read the following statements and mark statement that applies. Any questions checked "yes" should be followed by a short explanation on the back of this form to include whether the problem is still ongoing:

Attachment 6

FIT TEST REPORT

05/15/2003

LAST NAME
FIRST NAME

FIT TEST REPORT

Fit test information

ID NUMBER
LAST NAME
FIRST NAME
COMPANY 460 MDS/ SGPB
LOCATION BLDG 600
NOTE
CUSTOM1
CUSTOM2
CUSTOM3
CUSTOM4

TEST DATE 08/15/2002
TEST TIME 08:40
DUE DATE 08/15/2004
PORTACOUNT S/N 42422
N95 COMPANION N

RESPIRATOR
MANUFACTURER 3M
MODEL 7800
MASK STYLE FULL FACE
MASK SIZE SMALL
APPROVAL
EFF. < 99% N
PROTOCOL DEFAULT 29CFR1910.134
PASS LEVEL 500

<u>EXERCISE</u>	<u>DURATION (SEC)</u>	<u>FIT FACTOR</u>	<u>PASS</u>
NORMAL BREATHING	60	3820	Y
DEEP BREATHING	60	3190	Y
HEAD SIDE TO SIDE	60	6420	Y
HEAD UP AND DOWN	60	8460	Y
TALKING	60	12600	Y
GRIMACE	30	13900	Y
BEND AND TOUCH TOES	60	3500	Y
NORMAL BREATHING	60	6210	Y

OVERALL FF 5530 Y

FIT TEST OPERATOR _____ DATE _____

NAME _____ DATE _____

Attachment 7**SAMPLE OSHA FILTERING FACE PIECE EDUCATION LETTER**

MEMORANDUM FOR 460 MDS/SGPB

DATE

FROM: 460 MDS/SGP

SUBJECT: OSHA FILTERING FACE PIECE EDUCATION 1910.134 APPENDIX D

1. Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

2. You should do the following:

a. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.

b. Choose respirators certified for use to protect against the contaminant of concern. The National Institute for Occupational Safety and Health (NIOSH) of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.

c. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors or very small solid particles of fumes or smoke.

d. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

JOHN J. DOE, TSgt, USAF
(Trainees Name and Signature)